

# REQUEST FOR / CERTIFICATE OF MEDICAL EXAMINATION

## 診断請求 / 証明書

PART I (To be completed by using activity and personnel office)

第一部 (使用部隊および人事課記入欄)

THRU: (PERSONNEL OFFICE) 經由 (人事課)

TO: (EXAMINING PHYSICIAN) 宛 (担当医師)

Request the following named employee be given the necessary medical examination to determine whether a mental or physical condition exists which would prevent the employee from accomplishing the duties listed below, under the conditions specified, and without constituting a hazard to himself/herself or others; and the result of your examination be entered on the reverse side of this form.

下記の条件で従業員が次の職務を遂行するのに障害となるような肉体的又は精神的な症状がないか、又従業員自身あるいは他の者に危険を及ぼすような事がないか診断し、その結果を裏面に記入して下さい。

A. NAME 氏名

D. DUTIES 職務

B. ORGANIZATIONAL UNIT 職場

C. JOB TITLE AND GRADE 職務と等級

E. ENVIRONMENTAL CONDITIONS OF POSITION 職場の環境

F. PHYSICAL DEMANDS OF POSITION 職務の肉体的要求

G. MENTAL DEMANDS OF POSITION 職務の精神的要求

REQUESTED BY: 依頼者

APPROVED BY: (Personnel Officer) (人事課)

NAME, TITLE AND ACTIVITY 氏名、職名、部隊

DATE 日付

NAME AND TITLE 氏名、職名

DATE 日付

PART II (To be completed by examining physician and returned to Personnel Office)

第二部 (担当医師記入後人事課に送付)

I certify that I have, this date, examined subject employee, and found him/her to be physically (capable) (incapable) of performing the duties described, under the conditions described, in Part I of this form.

本日従業員を診断した結果本書式第一部に書かれている職務を所定の条件で遂行することが肉体的に (可能) (不可能)であることを証明する。

PRINTED NAME 活字による名前

DATE 日付

SIGNATURE 署名

TITLE AND HOSPITAL 職名、病院名

REMARKS: (To be added by examining physician if employee is found to be incapable of performing assigned duty)

備考 (職務遂行不可能な場合の担当医師記入欄)

- a. Description of employee's physical or mental condition and possible impact upon employee's ability to perform assigned duties.

従業員の肉体的又は精神的症状および職務遂行に支障となる症状の可能性について記述。

- b. May the employee be expected to recover sufficiently to perform assigned duties? If so, estimated time for recover.

従業員は職務を遂行できるほど十分に回復する見込みがありますか？ もしそうなら回復予定日を記入して下さい。